

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23445

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>165</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 months</u>		c. CITY OR TOWN <u>Slater</u>		d. Is residence within limits of a city or incorporated town? Yes <u>8</u> No <u>9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrain County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>09770</u>			
3. NAME OF DECEASED (Type or Print) <u>Lillie</u>		a. (First) <u>Lillie</u> b. (Middle) <u>Wale</u> c. (Last) <u>Young</u>		4. DATE OF DEATH <u>July 6, 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 24, 1900</u>	
9. AGE (in years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rory Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jerry Long</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Woodhurst</u>		14. NAME OF HUSBAND OR WIFE <u>James T. Young</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-22-7633</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James T. Young</u> ADDRESS <u>Slater, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma coecum</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma coecum 153X</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar. 15, 1957</u> to <u>July 6, 1957</u> , that I last saw the deceased alive on <u>July 6, 1957</u> , and that death occurred at <u>3:44 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. H. H. H. H.</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>7-8-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>		24d. LOCATION (City, town, or county) <u>Montgomery City, Missouri</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>7-8-1957</u>		REGISTRAR'S SIGNATURE <u>Blenche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelley Funeral Home</u> ADDRESS _____			

(Continued on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by .....; Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*E. Boone Schlank*

Licensed Embalmer No. *413*

P. O. Address *Montgomery*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.